CITY OF SAVANNAH, GEORGIA

Hotel/Motel Tax Monthly Return 6% Rate

<u>Important:</u> This return must be filed and taxes paid by the 20th day of the month following the month in which the tax is collected.

Address				
Number of Lodging Rooms:			Standard Double Room Rate: \$	
	return includes all excise taxes colle ommodations during the above state	cted for the City of Savannah on char d month.	ges to the public for lodging	
1.	Total charges for lodgings and mee	eting rooms.	\$	
2.	Deduct charges for lodgings furnished for a period of more than 30 consecutive days. The tax is due for the first 30 days; do not deduct charges for lodging for days 1-30; deduct beginning on the 31^{st} day.		\$	
3.	Deduct charges for meeting rooms.		\$	
4.	Deduct charges for lodgings furnished to Federal, Georgia state or local government officials or employees when traveling on official business.		\$	
5.	Deduct charges for lodgings furnis occupant's residence by fire or other.	e \$		
6.	. Net taxable charges for lodging accommodations.		\$	
7.	City excise tax – 6% of Line 6.		\$	
8.	Deduct 3% of Line 7, provided the amount due is not delinquent when paid.		\$	
9.	Net tax payable to City of Savanna	h.	\$	
10.	Penalty for late payment: If return is postmarked after the 20 th of the month in which payment is due, add 5% of Line 9 or \$5.00, whichever is greater if the failure is not more than 30 days. An additional penalty of five percent or \$5.00, whichever is greater, shall be charged for each additional 30 days or portion thereof during which the failure continues. The penalty for any single violation shall not exceed 25 percent or \$25.00 in the aggregate, whichever is greater.			
11.	Interest for late payment of the tax due shall be charged in addition to the penalties levied in Line 10 at a rate of one percent per month from the date the tax is due until the date the tax is paid.		\$	
12.	TOTAL AMOUNT REPORTED AND F	REMITTED TO THE CITY.	\$	
	RTIFY THAT I HAVE EXAMINED TH RUE AND COMPLETE RETURN FOR		T OF MY KNOWLEDGE AND BELIEF	
Signature		Print or type name	Title	
Mail Return and Payment to:		City of Savannah Revenue Department P.O. Box 1228 Savannah, GA 31402-1228		